

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06480  
60

6471

## CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY <b>Caroline</b>		MARYLAND	STATE <b>Maryland</b>		COUNTY <b>Caroline</b>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <b>X TOWN Goldsboro</b>		LENGTH OF STAY (in this place) <b>83 Yrs.</b>	CITY (If outside corporate limits, write RURAL and give nearest town) <b>TOWN Goldsboro</b>		(If rural give location) <b>/</b>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>None</b>			STREET ADDRESS <b>None</b>		
3. NAME OF DECEASED: (First) <b>Enoch</b> (Middle) <b>E.</b> (Last) <b>Baker</b>			4. DATE (Month) (Day) (Year) OF DEATH: <b>7 18 55 19</b>		
5. SEX: <b>Male</b>		6. COLOR OR RACE: <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>Married</b>	8. DATE OF BIRTH: <b>10/16/1871</b>	9. AGE last birthday IF UNDER 1 YEAR Months <b>83</b> yrs. Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life.) <b>Retired Farm Owner</b>		10B. KIND OF BUSINESS OR INDUSTRY: <b>None</b>		11. BIRTHPLACE (State or foreign country): <b>Maryland</b>	
13. FATHER'S NAME: <b>Frank Baker</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		14. MOTHER'S MAIDEN NAME: <b>Ellen Dhue</b>	
17. INFORMANT & ADDRESS: <b>Rosa Baker Goldsboro, Md.</b>					
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>421.4</b> IMMEDIATE CAUSE <b>Organic Heart. (Valvular)</b> ANTECEDENT CAUSE (S) <b>Plummett Arteritis</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <b>Infected Teeth</b>					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <b>None</b>					
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF "INJURY"		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1948</b> to <b>July</b> , 1955, that I last saw the deceased alive on <b>7/17/55</b> , and that death occurred at <b>2 A.M.</b> from the causes and on the date stated above. SIGNATURE <b>J. E. Baker</b> ADDRESS <b>Goldsboro, Md.</b> DATE SIGNED <b>7/19/55</b>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>7/20/55</b>	NAME OF CEMETERY OR CREMATORIAL <b>Greensboro</b>	LOCATION (City, town, or county) (State) <b>Greensboro, Md.</b>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>J. Clark Smith</b>	4. FUNERAL DIRECTOR <b>J. E. Boultous</b>		ADDRESS <b>Greensboro, Md.</b>

BUREAU Y. S.  
REGELV

AUG 8 1965

6472

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Rural Denton</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i> COUNTY <i>Caroline</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Denton</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>08</i>		STREET ADDRESS <i>(If rural give location)</i>	
3. NAME OF DECEASED: (Type or Print)	(First) <i>MAUDE</i>	(Middle)	(Last) <i>EIKE</i>
4. DATE OF DEATH:	(Month) <i>JULY</i>	(Day) <i>23</i>	(Year) <i>1955</i>
5. SEX:	6. COLOR OR RACE: <i>F</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH: <i>Dec 14, 1875</i>
9. AGE last birthday: yrs. <i>79</i>	10. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <i>Owner of home</i>	11. KIND OF BUSINESS OR INDUSTRY: <i>home</i>	12. CITIZEN OF WHAT COUNTRY: <i>USA</i>
13. FATHER'S NAME: <i>Thomas Brewer</i>	14. MOTHER'S MAIDEN NAME: <i>Mary Ackaberry</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>9</i> (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: <i>161-34-0000</i>
17. INFORMANT & ADDRESS: <i>Eugene Eike, Denton, Md.</i>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>334X</i> Immediate cause (a) <i>arteriosclerosis</i> Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <i>Left side hemiplegia</i> Due to (c) <i>Mixed chronic disease</i>		Interval Between Onset And Death <i>10 years</i> <i>4 1/2 years</i> <i>10 years</i>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>		19. DATE OF OPERATION: <i>None</i> 20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN) <i>Denton</i> (COUNTY) <i>Caroline</i> (STATE) <i>Md.</i>
TIME (Month) OF INJURY	(Day) <i>7</i> (Year) <i>1955</i> (Hour) m. <input type="checkbox"/> Work <input type="checkbox"/> At Work <input type="checkbox"/>	INJURY OCCURRED While at Not While Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ? <i>From the causes and on the date stated above.</i>
22. I hereby certify that I attended the deceased from <i>Jan 7, 1947</i> , to <i>July 23, 1955</i> , that I last saw the deceased alive on <i>July 23, 1955</i> , and that death occurred at <i>9:30 pm</i> from the causes and on the date stated above. SIGNATURE <i>Paul Kunkel M.D.</i> ADDRESS <i>Denton, Md.</i> DATE SIGNED <i>7-25-55</i>			
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>July 27, 1955</i>	NAME OF CEMETERY OR CREMATORIAL <i>Alpine</i>	LOCATION (City, town, or county) <i>Perth Amboy, N.J.</i> (State)
DATE REC'D BY LOCAL REGISTRAR <i>7-23-55</i>	REGISTRAR'S SIGNATURE <i>M. George</i>	24. FUNERAL DIRECTOR ADDRESS <i>Dr. Lloyd Mooreson, Denton, Md.</i>	

BUREAU V. S.

JUL 29 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06482

6473

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Caroline</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Caroline</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Rural Denton</i>		LENGTH OF STAY (in this place) <i>50 Yrs.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>None</i>		STREET ADDRESS <i>None</i>	
3. NAME OF DECEASED: (Type or Print) <i>Hattie</i>		(Last) <i>Lister</i>	
4. DATE (Month) OF DEATH: <i>7</i>		(Day) <i>5</i>	
		(Year) <i>55</i>	
5. SEX: <i>Female</i>	6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. <i>Married</i>	8. DATE OF BIRTH: <i>3/13/1880</i>
9. AGE last birthday <i>75</i>		10. IF UNDER 1 YEAR Months <i>0</i>	
yrs. <i>0</i>		11. IF UNDER 24 HRS. Hours <i>0</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME: <i>Christopher Hammer</i>	
14. MOTHER'S MAIDEN NAME: <i>Sarah Christopher</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT & ADDRESS: <i>J.Walter Lister Denton, Md.</i>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>420.1</i>			
(A) IMMEDIATE CAUSE <i>Coronary occlusion</i> DUE TO			
(B) ANTECEDENT CAUSE (S) <i>chronic coronary insufficiency.</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>Hypertension and arterio sclerosis</i>			
(C) INTERVAL BETWEEN ONSET AND DEATH <i>for 5 minutes</i>			
18 mos.			
2 years.			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>street, office bldg., etc.</i>	
21C. WHERE DID (City or town) INJURY OCCUR?		(County) <i>Denton</i> (State) <i>Md.</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Oct.</i> 1954, to <i>July</i> , 1955, that I last saw the deceased alive on <i>June 14, 1955</i> , and that death occurred at <i>3 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>Paul D. Denton</i> ADDRESS <i>Denton Md.</i> DATE SIGNED <i>7-5-55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>7/7/55</i>	
NAME OF CEMETERY OR CREMATORIAL <i>Grace Lawn Park</i>		LOCATION (City, town, or county) (State) <i>Wilmington, Delaware</i>	
DATE REC'D BY LOCAL REGISTRAR <i>7-5-55</i>		REGISTRAR'S SIGNATURE <i>John O'George J. E. Boalais Greenlawn, Md.</i>	
4. FUNERAL DIRECTOR		ADDRESS	

BUREAU V. L.

JUL 15 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06483

6474

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
COUNTPY Caroline HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		MARYLAND Sed Caroline STREET ADDRESS Denton (If rural give location) X	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH: July 13 1955	
(First) CATHERINE LOUISE (Middle) PINE		(Month) (Day) (Year)	
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH: Aug. 7, 1913
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:		10b. KIND OF BUSINESS OR INDUSTRY: home	
13. FATHER'S NAME: William B. Collier		14. MOTHER'S MAIDEN NAME: Annie Colee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Arthur Pine, Denton Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  592X Immediate cause (a) ..... Antecedent causes (s) ..... Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... Due to (c) .....  Coronary Parkinson Hypertension Chronic Glaucoma			
Interval Between Onset And Death 2 hours. 4 years. 7 years.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, or office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7-15 1950, to 7-13, 1955, that I last saw the deceased alive on 7-12, 1955, and that death occurred at 2:45 A.M., from the causes and on the date stated above. SIGNATURE (Degree or title) EST. ADDRESS DATE SIGNED			
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORIY LOCATION (City, town or county) (State) Denton Denton, Md.	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE REGISTER		24. FUNERAL DIRECTOR ADDRESS George J. George Roosevelt, Denton, Md.	
7/14/55		John D. George Roosevelt, Denton, Md.	

BUREAU V.

JUL 20 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06484

6475

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

## 1. PLACE OF DEATH:

COUNTY Caroline MARYLAND  
 CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
 TOWN Federalsburg

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS  
00 Park Lane

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 TOWN Federalsburg

STREET ADDRESS  
Park Lane

## 3. NAME OF

(First) Cape (Middle) Hattreas(Last) Reagan

4. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED,  
(Specify) Married

8. DATE OF BIRTH: July 19, 1876

9. AGE last birthday 78 yrs.

IF UNDER 1 YEAR Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland12. CITIZEN OF WHAT COUNTRY? U.S.A.

## 13. FATHER'S NAME:

William F. Reagan

## 14. MOTHER'S MAIDEN NAME:

Alice Wheatley15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no or unk.) (If Yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

213-22-4916

## 17. INFORMANT &amp; ADDRESS:

Mrs. Nannie S. Reagan, Federalsburg, Md.INTERVAL BETWEEN  
ONSET AND DEATH7-5-7105018. MEDICAL CERTIFICATION  
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH447X

IMMEDIATE CAUSE

(A)  
DUE TOCardiac Failure

ANTECEDENT CAUSE (S)

(B)  
DUE TOGeneralized Arteriosclerosis - C9-27-44(C)  
DUE TOHypertensionII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from 9-27-1944 to 7-10-1955, that I last saw the deceased  
alive on Sept. 27, 1955, and that death occurred at 7:45 P.M. from the causes and on the date stated above.  
SIGNATURE W. J. Germen ADDRESS 711/55 DATE SIGNED23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Margaret R. Frampton J.J. Frampton and Son, Federalsburg, Md.

BUREAU X-14

JUL 19 1955

BUREAU X-14

06485

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
6473 CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

COUNTY Caroline  
CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
TOWN Rural Ridgely  
HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS None

MARYLAND  
LENGTH OF STAY  
(in this place)  
5 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline  
CITY (If outside corporate limits, write RURAL and give nearest town)  
TOWN Rural Ridgely  
STREET ADDRESS None

3. NAME OF  
DECEASED:  
(Type or Print) Sister M. Florian Spieg

(First) (Middle) (Last) 4. DATE (Month) (Day) (Year)  
OF DEATH 7 18 55 19

5. SEX: 6 COLOR OR 7. SINGLE, MARRIED,  
RACE: 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
Female White

8. DATE OF BIRTH:  
5/21/1904

9. AGE last birthday  
IF UNDER 1 YEAR  
Months Days Hours Min.  
51 yrs.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): School Teacher

10B. KIND OF BUSINESS  
OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Germany  
12. CITIZEN OF WHAT  
COUNTRY? U.S.A.

13. FATHER'S NAME:

Simon Spieg

14. MOTHER'S MAIDEN NAME:

Elizabeth Bohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

None

Mother Hildagard Ridgely, Md.

18. MEDICAL CERTIFICATION  
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE  
170X

(A) DUE TO Carcinoma Breast with  
metastasis to abdominal viscera.

INTERVAL BETWEEN  
ONSET AND DEATH  
30 mo.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  
(If either, notify medical examiner)

21B. PLACE (Home, farm, factory,  
street, office bldg., etc.)

21C. WHERE DID (City, or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
While  Not while   
at work  at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from July 14, 1955, to July 18, 1955, that I last saw the deceased  
alive on July 16, 1955, and that death occurred at 3:35 P.M. from the causes and on the date stated above.  
SIGNATURE J. Paul Knotts ADDRESS Norton Rd DATE SIGNED 7-19-55

23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

Ridgely, Md.

DATE REC'D BY LOCAL  
REGISTRAR

REGISTRAR'S SIGNATURE

July 28, 1955 Mary E. Laird

24. FUNERAL DIRECTOR

ADDRESS

J. E. Boulaes Greensboro, Md.

Y. 5

Sept 1950

6000

6477

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town)	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Rural STREET ADDRESS (If rural, give location)
X HOSPITAL OR INSTITUTION OR STREET ADDRESS 20	Ridgeley	Teddy	Ridgeley
3. NAME OF DECEASED: (Type or Print)	(First) Anna (Middle) Temple (Last)	4. DATE OF DEATH: July 19 <sup>th</sup> 1955	
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH: End of July 1869 - 86 yrs.
10a. USUAL OCCUPATION Give kind of work done during most working life, even if retired): At home	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): England	12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: John Temple	14. MOTHER'S MARRIED NAME: Doris	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):	
16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Tulford Springs Estow.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33IX Immediate cause  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		Cerebral vascular accident. Astroic delesions, Generalized and cerebral; Hypertension - gross. Interval Between Onset And Death 5 days.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY m.		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	(CITY OR TOWN) How did injury occur?
22. I hereby certify that I attended the deceased from alive on July 19, 1955, and that death occurred at SIGNATURE (Degree or title) Sealed & witnessed by		10:45 P.M. on July 19, 1955, from the causes and on the date stated above. ADDRESS Ridgeley, Md 7:20, 1955. DATE SIGNED	
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Buried July 21, 1955		NOME OF CEMETERY OR CEMETORY Burial Cemetery, Denton	LOCATION (City, town, or county, State) Denton
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR July 20, 1955		24. FUNERAL DIRECTOR ADDRESS Mary E. Laird, Virgil Moore & Son, Funeral	

Y. YOUNG

11/15/1955

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6479

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

06487

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town)		MARYLAND LENGTH OF STAY (in this place)		STATE CITY (If outside corporate limits, write RURAL and give nearest town)		COUNTY TOWN STREET ADDRESS	
X TOWN <i>Baltimore</i>		40 yrs		X TOWN <i>Esseyland</i>		CITY <i>Denton</i> STREET <i>Gay Street</i> (If rural give location)	
3. NAME OF DECEASED: (First) <i>Mallie</i> (Middle) <i>Elizabeth</i> (Last) <i>Thomas</i>				4. DATE (Month) (Day) (Year) OF DEATH: <i>July 20 1955</i>			
5. SEX: <i>F</i>		6. COLOR OR RACE: <i>W.</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widow</i>		8. DATE OF BIRTH: <i>June 11 1896</i>	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) <i>At leisure</i>				10b. KIND OF BUSINESS OR INDUSTRY: <i></i>		11. BIRTHPLACE (State or foreign country) <i>Esseyland</i>	
13. FATHER'S NAME: <i>William Wright</i>				14. MOTHER'S MAIDEN NAME: <i>Eliza Jane Aterbridge</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>Yes</i> (If Yes, give war or dates of service) <i>WWI</i>				16. SOCIAL SECURITY NO.: <i></i>		17. INFORMANT & ADDRESS: <i>Mrs Colvin Roe, Denton Md.</i>	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Carcinoma of Stomach</i> 151X Immediate cause (a) DUE TO Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)							
Interval Between Onset And Death <i>8 mos.</i>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Cardio Renal Disease (Cerebrovascular)</i>							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 10 1954, to July 20, 1955, that I last saw the deceased alive on July 19 1955, and that death occurred at <i>Esseyland</i> from the causes and on the date stated above. SIGNATURE <i>George J. Hagerman Jr.</i> ADDRESS <i>1020 W. 23rd St. Baltimore 3, Md.</i> DATE SIGNED <i>July 20 1955</i>							
23. BURIAL, CREMATION, REMOVAL. (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRATION		DATE THEREOF <i>July 23 1955</i>		NAME OF CEMETERY OR Crematory <i>Esseyland Cemetery</i>		LOCATION (City, town or county) <i>Baltimore</i> (State) <i>Md.</i>	
4. FUNERAL DIRECTOR ADDRESS <i>George J. Sigel Mortuary Denton</i>							

PUTNAM & CO

JUL 29

1929

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6473

07570

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

COUNTY Caroline MARYLAND  
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY  
 OR and give nearest town) (in this place)  
 TOWN Federalsburg - Rural Life

HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS American Corner

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN Federalsburg - Rural  
 STREET ADDRESS (If rural give location)  
 American Corner

## 3. NAME OF DECEASED: (First) (Middle) (Last)

Francis Henry Trice

## 4. DATE (Month) (Day) (Year)

July 28 1955

## 5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED.

Male White Married

## B. DATE OF BIRTH:

June 21, 1880

## 9. AGE last birthday IF UNDER 1 YEAR, IF UNDER 24 HRS

75 yrs Months Days Hours Min.

## 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

Farmer

## 10B. KIND OF BUSINESS OR INDUSTRY:

Farm Owner

## 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?

Caroline County, Maryland

U.S.A.

## 13. FATHER'S NAME:

Silas A. Trice

## 14. MOTHER'S MAIDEN NAME:

Mary Warren

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service)

N

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT &amp; ADDRESS:

Mrs. Mary R. Trice, Federalsburg, Md.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

19IX

## IMMEDIATE CAUSE

## (A) DUE TO

Metastatic Carcroma

INTERVAL BETWEEN  
ONSET AND DEATH

Mar 1955

## ANTECEDENT CAUSE (S):

## (B) DUE TO

Primary Carcroma of Spleen

July 27 1955

## DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

## (C) DUE TO

Metastasis following Radiation

1953

## II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

Neck Swelling -

Jul 1955

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

Feb 1955 Metastatic Carcroma

## 20. AUTOPSY?

YES  NO 21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH

(If either, NOTIFY MEDICAL EXAMINER)

## 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

## 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While Not while  
M. at work  at work 

## 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 28, 1955 to July 27 1955, that I last saw the deceased alive on July 28, 1955, and that death occurred at 3:40A M, from the causes and on the date stated above.

## ADDRESS

DATE SIGNED

*Al L. Sherman* M.D. Federalsburg, Md. July 28, 1955

## 23. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

## DATE THEREOF

July 31, 1955

## NAME OF CEMETERY OR CREMATORIUM

Hill Crest Cemetery

## LOCATION (City, town, or county)

(State)

Federalsburg, Maryland

## DATE REC'D BY LOCAL REGISTRAR

July 31, 1955

## REGISTRAR'S SIGNATURE

?

## 24. FUNERAL DIRECTOR

## ADDRESS

J.J. Frampton and Son, Federalsburg, Md.



6430

07581

### Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

**SE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:					
COUNTY <b>C</b> aroline		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Caroline</b>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <b>X TOWN</b> <b>Federalsburg</b>		LENGTH OF STAY <b>10</b> in this place <b>years</b>		CITY (If outside corporate limits write RURAL and give nearest town) <b>OR</b> <b>TOWN</b> <b>Federalsburg - Rural</b>					
HOSPITAL OR INSTITUTION OR STREET ADDRESS		<b>River Road</b>		STREET ADDRESS		(If rural, give location) <b>Denton Road</b>			
3. NAME OF DECEASED: (Type or Print)		(First) <b>Silas</b>	(Middle) <b>Milton</b>	(Last) <b>Vick</b>	4. DATE OF DEATH	(Month) <b>July</b>	(Day) <b>27</b>	(Year) <b>1955</b>	
5. SEX: <b>Male</b>		6. COLOR OR RACE: <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <b>Single</b>	8. DATE OF BIRTH: <b>January 11, 1945</b>	9. AGE last birthday: <b>10</b>	IF UNDER 1 YEAR Months <b>yrs.</b>	IF UNDER 24 HRS. Days <b>Hours</b>	Min. <b>Min.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>Public School</b>		11. BIRTHPLACE (State or foreign country): <b>Baltimore, Maryland</b>		12. CITIZEN OF WHA COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME: <b>Silas Vick</b>				14. MOTHER'S MAIDEN NAME: <b>Lottie Hawks</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>No</b>		16. SOCIAL SECURITY NO.: <b>None</b>		17. INFORMANT & ADDRESS: <b>Lottie Mason, Federalsburg, Maryland, R.F.D.</b>					
18. MEDICAL CERTIFICATION <b>Accidental Drowning</b> <span style="float: right;">few minutes</span>									
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <b>929.8</b>									
Immediate cause <b>Accidental drowning</b>		(a) DUE TO <b>Accidental drowning</b>	INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b>						
Antecedent cause(s) Diseases or conditions, if any, (b)..... giving rise to the above cause DUE TO stating underlying cause last (c)									
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.									
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:							
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) <b>Rural Federalsburg Caroline Md</b>		(County) <b>Rural Federalsburg Caroline Md</b>			
21d. TIME (Month) (Day) (Year) (Hour) <b>7-27-55</b> P.M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fallen into a deep pond</b>		(State) <b>Rural Federalsburg Caroline Md</b>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> SIGNATURE <b>Lawrence D. George</b>									
23. BURIAL, CREMATION, REMOVAL (Specify): <b>Burial</b>		DATE THEREOF <b>July 31, 1955</b>	NAME OF CEMETERY OR CREMATORIUM <b>S Skinner's Run Cemetery</b>		LOCATION (City, town, or county) <b>Near Williamsburg, Md.</b>			(State) <b>Rural Federalsburg Caroline Md</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <b>Margaret H. Frampton</b>		24. FUNERAL DIRECTOR <b>J.J. Frampton and Son, Federalsburg, Md.</b>		ADDRESS			

BUREAU V. S.

AUG 15 1955

RECEIVED

06488

## MARYLAND STATE DEPARTMENT OF HEALTH

6431

CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

Reg. Dist. No.

64

1. PLACE OF DEATH: COUNTY <b>Caroline</b> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <b>Maryland</b> COUNTY <b>Caroline</b>				
CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>Federalsburg - Rural</b> LENGTH OF STAY 3 years				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Federalsburg - Rural</b> STREET ADDRESS <b>Denton Road</b>				
3. NAME OF DECEASED (Type or Print)		(First) <b>George</b>	(Middle) <b>Robert</b>	(Last) <b>Westbrook</b>	4. DATE OF DEATH	(Month) <b>July</b>	(Day) <b>14</b>	(Year) <b>55</b>
5. SEX		6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 27, 1903</b>	9. AGE last birthday <b>52</b> yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Hobby Shop</b>	11. BIRTHPLACE (State or foreign country) <b>Branchville, New Jersey</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>George A. Westbrook</b>				14. MOTHER'S MAIDEN NAME <b>Katherine E. Van Auken</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Ruth L. Westbrook, Federalsburg, Md.</b>			
18. MEDICAL CERTIFICATION								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>976X</b> Immediate cause				(a) <b>Bullet wound in Mantle</b> INTERVAL BETWEEN Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last				
				(b) <b>Hemorrhage</b>				
				(c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?			
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, of office bldg., etc.) <b>Home Federalsburg</b>			(CITY OR TOWN) <b>Federalsburg</b>		(COUNTY) <b>Caroline</b>	(STATE) <b>Md.</b>
TIME (Month) (Day) (Year) (Hour) OF INJURY <b>July 14 65 10 AM</b>		INJURY OCCURRED While at Not while work <input type="checkbox"/> at work <input checked="" type="checkbox"/>			HOW DID INJURY OCCUR? <b>Injury self inflicted</b>			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
SIGNATURE <b>George W. Denton</b>		(Degree or title) <b>MD</b>			ADDRESS <b>Denton Md.</b>			
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>July 18, 1955</b>		NAME OF CEMETERY OR CREMATORIAL <b>Branchville Cemetery</b>		LOCATION (City, town, or county) <b>Branchville, New Jersey</b>		DATE SIGNED <b>7/14/55</b>
DATE REC'D. BY LOCAL REG. <b>July 16, 1955</b>		REGISTRAR'S SIGNATURE <b>Margaret H. Frampton</b>		24. FUNERAL DIRECTOR <b>J.J. Frampton and Son, Federalsburg, Md.</b>		ADDRESS		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU VI

JUL 19 1955

SEARCHED